

O I P E  
JAN 11 2005  
P A T E N T  
U. S. P A T E N T & T R A D E M A R K O F F I C E

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
**120**

### *Complete if Known*

Application Number	10/600,489
Filing Date	June 20, 2003
First Named Inventor	Takayoshi Matsuo
Examiner Name	San Martin, Edgardo
Art Unit	2837
Attorney Docket No.	03AB186

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 17-0055 Deposit Account Name: Quarles & Brady

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

**Small Entity**

**Fee (\$)** **Fee (\$)**

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

##### Total Claims

**Extra Claims** **Fee (\$)** **Fee Paid (\$)**

##### Multiple Dependent Claims

**Fee (\$)** **Fee Paid (\$)**

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

##### Indep. Claims

**Extra Claims** **Fee (\$)** **Fee Paid (\$)**

\_\_\_\_\_

\_\_\_\_\_

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
---------------------	---------------------	---	-----------------	----------------------

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**Fees Paid (\$)**

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: one-month extension of time

\$120

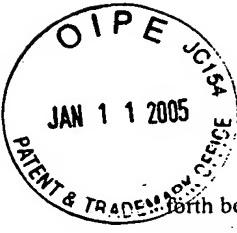
### SUBMITTED BY

Signature	<i>Adam J. Forman</i>	Registration No. 46,707 (Attorney/Agent)	Telephone 414-277-5405
Name (Print/Type)	Adam J. Forman		Date 01/07/2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Doc. No. 5680851



DRW

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date set forth below as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Date of Signature and Deposit: January 7, 2004

*Adam J. Forman*  
\_\_\_\_\_  
Attorney of Record

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Takayoshi Matsuo  
Serial No.: 10/600,489  
Filed: 06/20/2003  
For: Motor Controller  
Group Art Unit: 2837  
Examiner: Edgardo San Martin  
Docket No.: 03AB186

---

**AMENDMENT**

---

Mail Stop Amendment  
U.S. Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated September 7, 2004, please consider this Amendment for the above-identified patent application as follows:

**Amendments to the Title of the Application** can be found at Page 2 of this communication.

**Amendments to the Abstract** can be found at Page 3 of this communication.

**Amendments to the Claims** begin at Page 4 of this communication.

**Remarks** begin at Page 7 of this communication.

01/12/2005 SFELEKE1 00000005 170055 10600489  
01 FC:1251 120.00 DA

## **IN THE TITLE**

Immediately above the “Background of the Invention” section header at Page 1,  
Please amend the Title as follows:

**Motor Controller Control Equipment**